



**DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services**

**James Randolph Farris, M.D.
Regional Administrator**

1301 Young Street, Room 714
Dallas, Texas 75202
Phone (214) 767-6427
Fax (214) 767-6400

January 24, 2002

Our Reference: WA-OK0256.90.R1

Mr. Michael Fogarty
Chief Executive Officer
Oklahoma Health Care Authority
4545 North Lincoln Boulevard- Suite 124
Oklahoma City, Oklahoma 73105

Dear Mr. Fogarty:

I am pleased to inform you that your request to renew your Medicaid Home and Community-Based Services waiver (HCBSW) no. 0256.90.R1 has been approved. As authorized by Section 1915 (c) of the Social Security Act, this HCBSW program provides an array of home and community-based services as an alternative to institutionalization in an intermediate care facility. This renewal has been assigned control number 0256.90.R1 which should be used in all future correspondence.

Specifically, you submitted a request to provide case management, respite care, adult day health (including enhancements: personal care, physical, occupational, speech/language and respiratory therapies), environmental accessibility adaptations, skilled nursing, specialized medical equipment and supplies, extended state plan services (prescribed drugs) and other services (advanced supportive/restorative assistance, home-delivered meals, physical therapy, occupational therapy, speech and language therapy, respiratory therapy, comprehensive home care, hospice).

Based upon the assurances and information that you provided, I approve the renewal request cited for a five year period beginning July 1, 2001.

The approval is subject to your agreement to serve no more individuals than indicated on your Factor "C" in your approved per capita expenditure estimate. The values for Factor "C" include any individuals replaced due to death or loss of eligibility for Medicaid services during the 5 years of the waiver program.

The following estimates of utilization and cost of waiver services have been approved:

Year	Unduplicated Recipients	Factor "D"
1	15,519	\$5,147
2	15,519	\$5,801
3	16,446	\$5,958
4	17,848	\$6,386
5	19,075	\$6,860

For your convenience, a copy of the approved renewal package is included with this correspondence. If you have any questions, please contact Cheryl Rupley of my staff at 214-767-6278.

Sincerely,

James Randolph Farris, M.D.
Regional Administrator

Enclosure

cc: Director, Center for Medicaid and State Operations